

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL/NO. <div style="font-size: 1.2em; font-weight: bold;">10/629/67</div>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.	NO.	IND.	DEP.
1							51		
2							52		
3							53		
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46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		

PTO 1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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